

ACCIDENT REPORT
LOUISIANA STATE DRIVER SAFETY PROGRAM

Submit report to ORM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	1. Agency Name	2. Person to Contact	3. Phone [] -	4. Loc. Code
	5. State Vehicle Driver's Name	6. Driver's Social Security No. - -	7. Date of Accident / /	8. Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM

9. Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location)

10. DESCRIBE HOW ACC. HAPPENED	
11. Seat Belt in Use <input type="checkbox"/> Yes <input type="checkbox"/> No	

STATE VEHICLE INFORMATION				
If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.				
12. State Vehicle Driver's Address (Street No) City State Zip Code			13. Home Phone [] -	14. Work Phone [] -
15. Driver's License No.	16. Age	17. Sex <input type="checkbox"/> M <input type="checkbox"/> F	18. Vehicle's Owner's Name and Address	
19. Year Vehicle	20. Make Vehicle	21. Model Vehicle	22. Body Type	23. Vehicle Lic. No. / Equip No. / VIN
24A. Where can the Vehicle be Seen ?		24B. Describe Damage		

OTHER VEHICLE INFORMATION					
If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).					
25. Other Vehicle Driver's Name		26. Driver's Social Security No. - -	27. Driver's License No.	28. Age	29. Sex <input type="checkbox"/> M <input type="checkbox"/> F
30. Other Vehicle Driver's Address (Street No.) City State Zip Code		31. Home Phone [] -		32. Work Phone [] -	
33. Vehicle Owner's Name and Address (Street No.) City State Zip Code					
34. Year Vehicle	35. Make Vehicle	36. Model Vehicle	37. Body Type	38. Vehicle I.D. No. or Lic. No.	39. Where can the vehicle be seen ?
40. Other Vehicle Insurance Co.					41. Policy No.
42. Describe Damage					43. Estimated Amount \$.

INJURED					
44. Name and Address	45. Phone [] -	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Police Investigated ? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Name and Address	45. Phone [] -	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Type Report <input type="checkbox"/> State <input type="checkbox"/> Sheriff <input type="checkbox"/> City
44. Name and Address	45. Phone [] -	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Report No. (Item No.)

WITNESSES OR PASSENGERS						
50. Name and Address	51. <input type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone [] -	53. PED <input type="checkbox"/>	53. Ins. Veh. <input type="checkbox"/>	53. Other Veh. <input type="checkbox"/>	53. (Specify)
50. Name and Address	51. <input type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone [] -	53. PED <input type="checkbox"/>	53. Ins. Veh. <input type="checkbox"/>	53. Other Veh. <input type="checkbox"/>	53. (Specify)
54. State Driver's Signature		55. Name of Driver's immediate Supervisor and Phone No. [] -				